

# Grapevine Colleyville Independent School District

## TRAVEL EXPENSE CLAIM FORM

Date & Time of Departure: \_\_\_\_\_ Date & Time of Return: \_\_\_\_\_

Purpose & Destination of Travel: \_\_\_\_\_

**LODGING:**

Number of Nights: \_\_\_\_\_ Must Attach Receipt: \_\_\_\_\_ Total \_\_\_\_\_

<b>EMPLOYEE MEALS:</b> <i>(Meals will be reimbursed at \$36 per day in the state of Texas)</i>					
<b>Daily Rate:</b>	\$	-			
Breakfasts	\$	-	@	\$ 9.00	= \$ -
Lunches	\$	-	@	\$ 9.00	= \$ -
Dinners	\$	-	@	\$ 18.00	= \$ -
<i>Meals are reimbursable if attendance is required at meeting, training or if the meal had official school business necessity.</i>					<b>Total</b> \$ -

<b>STUDENT MEALS:</b> <i>(Meals will be \$21 per day at \$7 per meal)</i>					
<b>Daily Rate:</b>	\$	-			
Breakfasts	\$	-	@	\$ 7.00	= \$ -
Lunches	\$	-	@	\$ 7.00	= \$ -
Dinners	\$	-	@	\$ 7.00	= \$ -
<i>Meals are reimbursable if attendance is required at meeting, training or if the meal had official school business necessity.</i>					<b>Total</b> \$ -

<b>Auto Expense:</b>					
Number of Miles	_____	@	\$ 0.545		
<small>Rate Per Mile as of 01/01/2018</small>					
<i>Mileage is reimbursable if travel is outside the GCISD or travel outside employee's normal salary package</i>					<b>Total</b> \$ -

<b>Auto Storage / Parking:</b>	Receipt must be attached	<b>Total</b>	\$ -
Public/Commercial Transportation: Receipt must be attached (Taxi, bus, shuttle, trolley, etc)		<b>Total</b>	\$ -

<b>Registrations:</b>			
Conference / Seminar / Meeting Registration: Receipt must be attached	<b>Total</b>	\$	-
Other Expenses: Receipt must be attached & explanation of expense			
<b>Total</b>			\$ -

**TOTAL OF EXPENSES CLAIMED:** \$ -

Less any cash advance: \$ -

Balance: \$ -

Submitted By: _____	Approved & Reviewed by: _____	Out of State Travel Approval: _____
Print name of Employee	Printed Name & Title	DaiAnn Mooney Chief Financial Officer
Signature of Employee	Signature of approving Administrator	Signature of Chief Financial Officer
Date	Date	Date